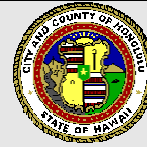


# LOW INCOME TRANSIT FARE PROGRAM APPLICATION

DEPARTMENT OF TRANSPORTATION SERVICES  
CITY AND COUNTY OF HONOLULU  
711 KAPIOLANI BOULEVARD, 16<sup>th</sup> FLOOR, HONOLULU, HI 96813  
PHONE: (808) 768-8372



2022

The Low Income Transit Fare Program provides each approved applicant in an eligible household with a Low Income HOLO City Payment Card (HOLO), which allows for unlimited transit rides (excluding Handivan) until June 30, 2023, at a subsidized cost of \$45. Program funding subsidizes the difference in cost for each HOLO card. Limited funding is available each fiscal year (July 1 – June 30) for this pilot program. Once program funding is depleted, applications will not be accepted for the remainder of the fiscal year. Applications are processed on a first-come, first-served basis.

One application covers the entire household, but income sources and supporting documents must be provided for each person. Incomplete applications, which include missing/invalid supporting documents, will be returned. Please allow 60 days upon receipt of a completed application for processing time.

## SECTION A - APPLICANT INFORMATION

First Name and Middle Initial		Last Name	
Home Address (number and street, apt. no.)		Do you receive housing assistance? Yes/No	
City, State, and Zip Code		Monthly Amount Received: \$	
Phone Numbers	Home:	Work:	Cell:

## SECTION B - HOUSEHOLD SIZE

	First Name and Middle Initial	Last Name	Birth Date (M_D_Y)	Do you already have a Disability Bus Pass OR Handi-Van Pass	Relationship
1 Yourself				Yes/No	
2 Spouse				Yes/No	
Other Household Members					
3				Yes/No	
4				Yes/No	
5				Yes/No	
6				Yes/No	
7				Yes/No	
8				Yes/No	

Note: All persons (immediate family members, relatives, friends, others) living in your household should be listed in this section.

## SECTION C - COMBINED TOTAL ANNUAL INCOME FOR ALL PERSONS NAMED (Attach supporting documents, see Section E)

Includes wages, interest, dividends, pensions, annuities, Social Security, welfare, cash assistance, alimony, child support, food stamps, disability, or unemployment, etc. Circle "Yes" or "No" if you are receiving or not receiving any of the income sources listed below. Circle "Monthly" or "Annual" and indicate the amount received.

	Monthly/Annual IRS Income (Yes/No)	Monthly/Annual Social Security Benefits (Yes/No)	Monthly/Annual Food Stamps (Yes/No)	Monthly/Annual Welfare/Cash Assistance (Yes/No)	Monthly/Annual Child Support Alimony (Yes/No)	Monthly/Annual Disability Assistance (Yes/No)	Monthly/Annual Other/Unemployment/ Foreign Accounts (Yes/No)
1 Yourself	\$	\$	\$	\$	\$	\$	\$
2 Spouse	\$	\$	\$	\$	\$	\$	\$
Other Household Members							
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$
6	\$	\$	\$	\$	\$	\$	\$
7	\$	\$	\$	\$	\$	\$	\$
8	\$	\$	\$	\$	\$	\$	\$
Sub-Total	\$	\$	\$	\$	\$	\$	\$

Combined Total Annual Household Income = \$  
(Include Housing Assistance from Section A)

## SECTION D - ELIGIBILITY

Circle your household size on the first row of the Table below. Is your household's combined total annual income less than the maximum income shown for your household size? Circle "NO" or "YES" on the last row of the Table.

Your Household Size (From Section B)	1	2	3	4	5	6	7	8
Your Combined Total Income less than (From Section C)	\$27,450	\$31,400	\$35,300	\$39,200	\$42,350	\$45,500	\$48,650	\$53,640
Eligible (Circle Answer)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

If you circled - **NO**. You are ineligible. **YES**. Continue with application. Eligibility will be verified and processed by Department of Community Services (DCS).

Note: Income limits are subject to change without notice, in accordance with the US Department of Housing and Urban Development Income Limits Guidelines.

**SECTION E – SUPPORTING DOCUMENTATION** (To verify household income, all household members **18 years and older** are required to submit the following documents **whether they receive benefits or not**. All required documents verifying household income shall be submitted with your application or your application will be returned.)

Income Source	Documents Required
Internal Revenue Service Tax Return Transcript <ul style="list-style-type: none"> <li>Total Income (wages, pension, interests, dividends, annuity, unemployment compensation, etc.)</li> </ul>	Use Form 4506T-EZ to request Tax Return Transcript, and send to the Internal Revenue Service (see address at the back of the form). The form can be downloaded at <a href="https://www.irs.gov/pub/irs-pdf/f4506tez.pdf">https://www.irs.gov/pub/irs-pdf/f4506tez.pdf</a> or can be obtained from the Department of Transportation Services (DTS). The IRS will send the transcript to YOU after you mail completed Form 4506T-EZ to: Internal Revenue Service, RAIVS Team, Stop 37106, Fresno CA 93888.
Social Security Benefits <ul style="list-style-type: none"> <li>Supplemental Income</li> <li>Disability</li> </ul>	To request a benefit verification letter: 1) online at <a href="https://secure.ssa.gov/RIL/SiView.do">https://secure.ssa.gov/RIL/SiView.do</a> ; 2) phone at 1-800-772-1213 (TTY 1-800-325-0778); or 3) visit the local (Oahu) Social Security Office at the following locations:  Address 1: 300 Ala Moana Blvd #1114, Honolulu, HI 96850 Address 2: 970 Manawai St, Kapolei, HI 96707
Public Assistance <ul style="list-style-type: none"> <li>Food Stamps</li> <li>Welfare/Cash Assistance</li> </ul>	To request a benefit verification letter of receipt/non-receipt for food stamps and cash assistance: 1) visit your local State of Hawaii Department of Human Services (SDHS) Processing Center or 2) SDHS main office: 333 N. King Street, Honolulu HI 96817.  By signing Section G, the applicant is giving DTS/DCS the authorization to verify receipt/non-receipt of public assistance from SDHS.
Child Support/Alimony	Submit supporting documentation.
Other Income-Related Sources	Submit supporting documentation.

#### SECTION F – LOW INCOME TRANSIT FARE PROGRAM SELECTION

- ☐ ADULT(S) (18 years and older) applying for the Low Income Transit Fare Program

List Names: \_\_\_\_\_

- ☐ YOUTH(S) (17 years and younger) applying for the Low Income Transit Fare Program

List Names: \_\_\_\_\_  
(To verify **YOUTH** class, attach a copy of the youth dependent's State Driver's License, US Passport, State ID, Permanent Residence Card, or Birth Certificate in English).

#### SECTION G – CERTIFICATION AND SIGNED CONSENT/AUTHORIZATION TO RELEASE INCOME INFORMATION

By signing below, I certify that the information provided is true to the best of my knowledge and I must provide the documentation to support this application. I am also aware that the information that I have provided is subject to review and verification, and I authorize the release of information to verify my income sources. This information will be used only for eligibility purposes and will be treated confidentially.

Signature(s) of applicant, spouse and all household members, **18 years and older**.

	SIGNATURE	Print First Name and Middle Initial	Print Last Name
1 Yourself			
2 Spouse			
3			
4			
5			
6			
7			
8			

Date \_\_\_\_\_

#### RENEWAL

You must reapply before July 1<sup>st</sup> every year for recertification by completing a new application and submitting current documentation no earlier than sixty (60) calendar days prior to the expiration date on your approval letter.

#### MAIL THE APPLICATION AND SUPPORTING DOCUMENTS TO:

LOW INCOME TRANSIT FARE PROGRAM  
Department of Transportation Services  
City and County of Honolulu  
711 Kapiolani Boulevard, Suite 1600  
Honolulu, HI 96813  
FOR ASSISTANCE: Please Call (808) 768-8372